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| (R | equestor's Name) | |
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| (Ĉ | ity/State/Zip/Phone #) | |
| PICK-UP | ☐ WAIT | MAIL |
| (B | usiness Entity Name) | |
| (C | ocument Number) | |
| Certified Copies | Certificates of | Status |
| Special Instructions to | o Filing Officer: | |
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Office Use Only



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J. HARRIE

COVER LETTER

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| TÓ: | Registration Section Division of Corporations |
|---------|---|
| SUBJI | Salt Life Beverage, LLC |
| SUDO | Name of Limited Liability Company |
| | losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of e., and check are submitted to register the above referenced foreign limited liability company to transact business in Florida. |
| Please | eturn all correspondence concerning this matter to the following: |
| | Justin Grow |
| | Name of Person |
| | Delta Apparel, Inc. |
| | Firm/Company |
| | 322 South Main Street |
| | Address |
| | Greenville, South Carolina 29601 |
| | City/State and Zip Code |
| | angela,hope@deltaapparel.com |
| | E-mail address: (to be used for future annual report notification) |
| For fur | her information concerning this matter, please call: |
| | Justin Grow 864 232-5200 at () |
| | Name of Contact Person Area Code Daytime Telephone Number |
| | MAHLING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, Fl. 323142661 Executive Center CircleTallahassee, Fl. 32301 |
| Enclos | d is a check for the following amount: □ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy |



March 7, 2018

JUSTIN GROW 322 SOUTH MAIN STREET GREENVILLE, SC 29601

SUBJECT: SALT LIFE BEVERAGE, LLC

Ref. Number: W18000022152

We have received your document for SALT LIFE BEVERAGE, LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

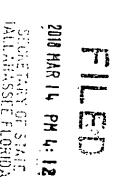
Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 218A00004637

Jenna D Harris Regulatory Specialist II

RECEIVED



APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA SEATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LLABILITY COMPANY TO TRANSACT BUSINESS INTHE STATE OF FLORIDA:

| (If name unavailable, enter alternate r | name adopted for the purpose of transacting business | in Horida. The alterrate name must include "Limited Li | ability Company," "L.1. C," or "EEC,") |
|--|---|--|--|
| 2 Delaware | • | 3. 82-4588436 | , , , , |
| ÷. | hich foreign limited liability company is organized) | | iber, if applicables |
| 4. May, 2018 | · | | |
| | (Dute first transacted business in Florida, if pr (See sections 605 0904 & 605 0905, F.S. to de- | for to registration) eterrome penalty liability) | |
| 5. 9310 Old Kings Road | | 6. 322 South Main Street (Mailing Ad | \$55 2 |
| (Street Address of Suite 1701 | Principal Offices | Greenville, SC 29601 | hess) |
| Jacksonville, Florida 3 | 2257 | 77 CONTINUE OF EARD | |
| | | | SO F |
| 7. Name and street addre | ss of Florida registered agent: (P.O. | Box NOT acceptable) | 2011 2011 10 10 10 10 10 10 10 10 10 10 10 10 10 10 |
| Name: | CT Corporation System | | |
| | 1200 South Pine Island Road | | 22 to 1 |
| Office Address: | 1200 South Pine Island Road | | |
| | Plantation, FL | Florida <u>33324</u> | |
| designated in this applica to comply with the provis- | rgistered agent and to accept service ation. I hereby accept the appointme ions of all statutes relative to the pro | (Zipco) of process for the above stated limited int us registered agent and agree to accoper and complete performance of my | I liability company at the place t in this capacity. I further agree |
| Having been named as redesignated in this applicate to comply with the provisi | stance: rgistered agent and to accept service ition. I hereby accept the appointme ions of all statutes relative to the pro s of my position as registered agent. | (Zipeo) of process for the above stated limited int as registered agent and agree to accoper and complete performance of my | I liability company at the place t in this capacity. I further agree |
| Having been named as redesignated in this applicate to comply with the provisand accept the obligation | otance: rgistered agent and to accept vervice tion. I hereby accept the appointme ions of all statutes relative to the pro s of my position as registered agent. Ternell Kearney Ternell Kear | (Zipco) of process for the above stated limites int us registered agent and agree to accoper and complete performance of my Assistant Secretary and Significations | I liability company at the place t in this capacity. I further agree |
| Having been named as redesignated in this applicate to comply with the provisand accept the obligation | otance: rgistered agent and to accept vervice tion. I hereby accept the appointme ions of all statutes relative to the pro s of my position as registered agent. Ternell Kearney Ternell Kear | (Zipeo) of process for the above stated limited int as registered agent and agree to accoper and complete performance of my | I liability company at the place t in this capacity. I further agree |
| Having been named as redesignated in this applicate to comply with the provisand accept the obligation 8. The name, title or cape | otance: registered agent and to accept vervice stion. I hereby accept the appointme ions of all statutes relative to the pro s of my position as registered agent. Ternell Kearney Ternell Kear (Registered agent) acity and address of the person(s) wh | (Zipco) of process for the above stated limited int as registered agent and agree to accoper and complete performance of my Anney Assistant Secretary performance of my anney Assistant Secretary performance of my anney Assistant Secretary performance is a secretary to has/have authority to manage is are: | d liability company at the place t in this capacity. I further agree duties, and I am familiar with |
| Having been named as re designated in this applicate to comply with the provisand accept the obligation 8. The name, title or caparity: | otance: registered agent and to accept vervice ation. I hereby accept the appointme ions of all statutes relative to the pro s of my position as registered agent. Ternell Kearney Ternell Kear (Registered ag acity and address of the person(s) wh Name and Address: Jeff Stillwell 24 12th Street | (Zipco) of process for the above stated limited int as registered agent and agree to accoper and complete performance of my Anney Assistant Secretary performance of my anney Assistant Secretary performance of my anney Assistant Secretary performance is a secretary to has/have authority to manage is are: | d liability company at the place t in this capacity. I further agree duties, and I am familiar with |
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| Having been named as redesignated in this applicate to comply with the provisand accept the obligation 8. The name, title or capa Title or Capacity: Vice President | otance: registered agent and to accept vervice ation. I hereby accept the appointme ions of all statutes relative to the pro s of my position as registered agent. Ternell Kearney Ternell Kear (Registered ag acity and address of the person(s) wh Name and Address: Jeff Stillwell 24-12th Street Columbus, GA 31907 | (Zipco) of process for the above stated limited int as registered agent and agree to accoper and complete performance of my Anney Assistant Secretary performance of my anney Assistant Secretary performance of my anney Assistant Secretary performance is a secretary to has/have authority to manage is are: | d liability company at the place t in this capacity. I further agree duties, and I am familiar with |
| Having been named as redesignated in this applicate to comply with the provisand accept the obligation 8. The name, title or capatite or Capacity: Vice President (Use attachments if necess | otance: registered agent and to accept vervice ation. I hereby accept the appointme ions of all statutes relative to the pro- s of my position as registered agent. Ternell Kearney Ternell Kear (Registered up acity and address of the person(s) wh Name and Address: Jeff Stillwell 24 12th Street Columbus, GA 31907 | of process for the above stated limited at a registered agent and agree to accoper and complete performance of my anea. Assistant Secretary gent signature) to has/have authority to manage is/are: Title or Capacity: | d liability company at the place to this capacity. I further agree duties, and I am familiar with Name and Address: |
| Having been named as redesignated in this applicate to comply with the provisand accept the obligation 8. The name, title or caparity: Vice President (Use attachments if necess) 9. Attached is a certificate | otance: registered agent and to accept vervice ation. I hereby accept the appointme ions of all statutes relative to the pro- s of my position as registered agent. Ternell Kearney Texaell Kear (Registered ag acity and address of the person(s) wh Name and Address: Jeff Stillwell 24 12th Street Columbus, GA 31907 sury) of existence, no more than 90 days of which it is organized. (If the certit | (Zipco) of process for the above stated limited int as registered agent and agree to accoper and complete performance of my Anney Assistant Secretary performance of my anney Assistant Secretary performance of my anney Assistant Secretary performance is a secretary to has/have authority to manage is are: | d liability company at the place to this capacity. I further agree duties, and I am familiar with Name and Address: |

Typed or printed rune of signee

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SALT LIFE BEVERAGE, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE NINTH DAY OF MARCH, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 202291854

Date: 03-09-18